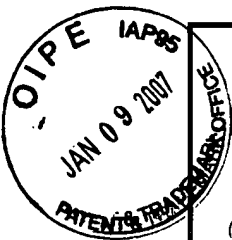


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/765,371
		Filing Date	January 27, 2004
		First Named Inventor	L. Alma Jessop, et al.
		Group Art Unit	3673
		Examiner Name	Safavi, Michael
Total Number of Pages in This Submission (including this sheet)	3	Attorney Docket No.	3764.CFS.NP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$____ <input type="checkbox"/> Credit card authorization in the amount of \$____ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input checked="" type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant	Paul C. Oestreich, Registration No. 44,983 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
Signature		Date	01-04-07

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Signature		Date	01-04-07



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: L. Alma Jessop, et al.  
SERIAL NO.: 10/765,371  
FILING DATE: January 27, 2004  
TITLE: EZ-FOOTING FORM SYSTEM  
ART UNIT: 3673  
EXAMINER: Safavi, Michael  
DOCKET NO.: 3764.CFS.NP

**CERTIFICATE OF MAILING  
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01-04-07

Date of Deposit

**REVOCATION & POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby appoint as my attorneys and/or patent agents the practitioners associated with Customer Number 26986. Please change the correspondence address for the above-referenced application to the address associated with Customer Number 26986. The practitioners and address are as follows:

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All previous powers of attorney are hereby revoked.

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Revocation & Power of Attorney  
Page 2

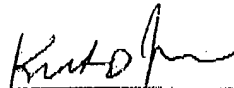
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Signed at WEST JORDAN, UT, this 6 day of SEPTEMBER, 2006.  
(City) (State)

Cactus Holdings, LLC,



By: Kurtis D. Jones  
Title: PRiSEDENT